



MONTGOMERY COUNTY

*Charles W. Gilchrist*

**Center for Cultural Diversity**

**Cultural Ambassador Volunteer Application**

11319 Elkin Street ▪ Wheaton, Maryland 20902 ▪ Phone: 240-777-4940 ▪ Fax: 240-777-4941 ▪ Web: [www.gilchristcenter.org](http://www.gilchristcenter.org)

**PERSONAL DATA**

Name: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_  
Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

**BACKGROUND and INTERESTS**

- What level of education and or training have you completed?  
(a) Elementary/Middle/High School: 5 6 7 8 9 10 11 12  
(b) Undergraduate/Graduate Major and Degree: \_\_\_\_\_
- Current School/Occupation: \_\_\_\_\_ ☐ Full-time ☐ Part-time  
Special skills/ interests, including software applications: \_\_\_\_\_
- What is motivating you to volunteer? ☐ For fun ☐ Career exploration ☐ School community service  
☐ Court ordered requirement ☐ Other: \_\_\_\_\_
- Is there any other personal information that may assist us in your placement?  
\_\_\_\_\_

Other languages: (Check all that apply. s= spoken, w= written)

Spanish ☐ s ☐ w Chinese ☐ s ☐ w Korean ☐ s ☐ w Vietnamese ☐ s ☐ w  
French ☐ s ☐ w Portuguese ☐ s ☐ w Russian ☐ s ☐ w Other: \_\_\_\_\_ ☐ s ☐ w

**VOLUNTEER INTERESTS**

- Which volunteer positions are most interesting to you? (Check all that apply)  
☐ charitable donation solicitation ☐ data base management ☐ data entry ☐ desktop publishing  
☐ editing ☐ event helper ☐ event planning ☐ general clerical ☐ grant solicitation ☐ graphics  
☐ interpreting ☐ journalism ☐ legal services ☐ medical services ☐ photo/videography  
☐ public safety ☐ reception/front desk ☐ teaching/instructional ☐ web design  
☐ providing professional expertise in a specialty area: \_\_\_\_\_  
☐ other: \_\_\_\_\_ ☐ Uncertain

**REFERENCES**

- List three people as professional references who are not related to you and have known you for at least one year:

Name	Address	Day Phone	Evening Phone	Relationship
_____	_____	( ) _____	( ) _____	_____
_____	_____	( ) _____	( ) _____	_____
_____	_____	( ) _____	( ) _____	_____

RESUME ATTACHED? ☐ yes ☐ no

(over)

## AVAILABILITY

- Do you prefer to work from your home or office? ☐ Negotiable ☐ Yes ☐ No
- Do you prefer to work at the Gilchrist Center? ☐ Negotiable ☐ Yes ☐ No
- At what times are you available to volunteer? (check all that apply)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
9 AM - 12 Noon							
12 Noon - 3 PM							
3 PM - 6 PM							
6 PM - 9:30 PM						closed	closed
9:30 PM - Midnight						closed	closed

- Frequency: \_\_\_\_\_ hours per ☐ Week/ ☐ Month OR ☐ One time event ☐ Negotiable
- Are there times when you cannot volunteer? \_\_\_\_\_
- Is there an age group you would prefer to work with? ☐ No preference ☐ Teens ☐ Adults  
☐ Preschoolers ☐ Elementary age ☐ Senior Citizens

## VALIDATION

- I understand that if I require an accommodation to perform my volunteer assignment, I need to discuss any medical or other needs with the person in charge prior to beginning the assignment.
- I acknowledge that my signature validates the above information as correct and am looking forward to volunteering with Charles W. Gilchrist Center for Cultural Diversity.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If the above is under age 18, a parent/guardian signature and disclosure of volunteer applicant age is required.*

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Name: \_\_\_\_\_ Age of minor : \_\_\_\_\_

- The signature below validates the acceptance of the above named individual.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this application to:

CA Program Liaison  
Charles W. Gilchrist Center for Cultural Diversity  
11319 Elkin Street  
Wheaton, Maryland 20902

Or FAX: CA Program Liaison, 240-777-4941

